

RUTHERFORD COUNTY GOVERNMENT
"ON-THE-JOB INJURY" SUPERVISOR'S INTERVIEW

Information: This form will be completed by the OJI Representative in an interview with the supervisor of the injured employee.

As is allowed by T.C.A. 50-6-106, Rutherford County (RC) has opted to withdraw from the Tennessee Workers' Compensation Act, and instead has chosen to implement an On-The-Job Injury Program administered by the Rutherford County Risk Management Department.

Name of injured employee		Date of Injury:	
Supervisor's Name		Phone number of supervisor	

What Job / task was the employee performing when the injury occurred?

As a result of your investigation do you support this claim? ☐ Yes ☐ No If "not" what do you question about the claim?

In your own words, explain what the employee was doing and how the accident occurred:

In your opinion, could this accident have been prevented? ☐ Yes ☐ No Explain

What changes or recommendations would you support to prevent this injury from reoccurring?

Supervisor's Signature: _____ Date: _____

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